Svenska Brukarföreningen/Swedish Drug Users Union (SDUU)
International Harm Reduction Association (IHRA)

Briefing to the Committee on Economic, Social and Cultural Rights on the fifth report of Sweden on the implementation of the International Covenant on Economic, Social and Cultural Rights

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SVENSKA BRUKARFÖRENINGEN
för hjälp åt
NARKOTIKABEROENDE
och dom som har eller vill ha
METADON
eller
BUPRENORFIN
SWEDISH DRUG USERS UNION

HR2 | Harm Reduction & Human Rights
A Programme of the International Harm Reduction Association

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> [T]he Government has a responsibility to ensure the implementation, throughout Sweden and as a matter of priority, of a comprehensive harm reduction policy, including counselling, advice on sexual and reproductive health, and clean needles and syringes.
>
> *Professor Paul Hunt*
> *UN Special Rapporteur on the Right to Health*
> *Mission to Sweden, submitted to the UN General Assembly February 2007*

I. About the Organisations

This report was produced collaboratively by Svenska Brukarföreningen/Swedish Drug Users Union and HR2, the Harm Reduction & Human Rights Programme of the International Harm Reduction Association (IHRA).

Svenska Brukarföreningen/Swedish Drug Users' Union (SDUU) was founded in October 2002 by users of both legal and illegal drugs, the first ever genuine drug user organisation in Sweden. SDUU's vision is to reduce the harm caused by licit and illicit drugs to individuals and to society. In order to achieve this vision, Swedish drug policy must be based on science, health, human rights and the experiences of people who use drugs. SDUU has a national office in Stockholm, five local organisations and a parent and friend section with a total of approximately 1,400 members.

The International Harm Reduction Association (IHRA) is one of the leading international NGOs promoting policies and practices that reduce drug-related harms, a mandate that has a significant intersection with human rights issues. Drug-related harms in this context include not only increased vulnerability of people who use drugs to HIV and hepatitis C infection, but also includes poor access to healthcare, discrimination, police harassment, imprisonment, invasion of privacy, social marginalisation and, in some countries, capital punishment. A key principle of IHRA's approach is to support the engagement of people and communities affected by drugs and alcohol around the world in policy-making processes, including the voices and perspectives of people who use illicit drugs. IHRA is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

II. Background

This report examines Sweden's obligations under Article 12 of the International Covenant on Economic, Social and Cultural Rights. It reviews the failure of Sweden to provide comprehensive harm reduction programmes, such as needle exchange, for people who use injecting drugs. The failure to provide such essential preventative health interventions places people who inject drugs at unnecessary and avoidable risk of HIV and hepatitis C infection, and therefore reflects a failure of the State party to respect, protect and fulfil the right to the highest attainable standard of health for this most vulnerable and marginalised population.

Sweden has one of the best domestic human rights records in the world, and in the area of economic, social and cultural rights stands above most countries in terms of life expectancy, standard of living, education and healthcare. However, there are sections of Swedish society that do not enjoy this high level of human rights protection. Some communities, like the Saami and Roma, are increasingly recognised in Swedish human rights policy as suffering from marginalisation and discrimination. Others, such as people who use illegal drugs, also experience the effects stigma and discrimination, yet this goes largely unrecognised. One illustration of this is the fact that injecting drug use and related harms

such as HIV and hepatitis C infection are entirely omitted from the State's report to the Committee, as are any references to measures taken to address drug use and reduce drug-related harms.

In 2006, Professor Paul Hunt, UN Special Rapporteur on the Right to Health, undertook a mission to Sweden. While praising the overall state of human rights, the Special Rapporteur stated that there was no room for complacency and highlighted the specific situation of people who use drugs.

Professor Hunt was critical of the poor provision of harm reduction services, especially needle exchange, despite international evidence of the effectiveness of these measures in preventing HIV and hepatitis C transmission among injecting drug users (IDUs). The Special Rapporteur visited a needle exchange programme in Malmö, one of only two in the country, and confirmed that harm reduction "enhances the realization of the right to health, including sexual and reproductive health, for intravenous drug users".[1] He recommended that Sweden adopt, as a matter of priority, comprehensive harm reduction services throughout the country.[2]

III. Injecting drug use and the right to health in Sweden

Overview

In 2004, the UN Reference Group on HIV/AIDS Prevention and Care among IDU in Developing and Transitional Countries placed the number of people who inject drugs in Sweden at 20,000. The most current figures available from the Department of Social Affairs, the Drug Co-Ordinator's Office and the University of Malmö, however, suggest that this figure may be conservative. They estimate there to be 26,000—30,000 people who inject drugs in Sweden, a significant population. In 1992, the number was estimated to be 19,000.

Individuals who choose to use drugs do not forfeit the right to the highest attainable standard of health. Nor does the prohibited legal status of the drug(s) in question remove the obligation of the State party to meet its obligations under Article 12 of the Covenant. Drug use is a health specific problem, with considerable health-related harms that must be addressed within the context of Article 12.

Between 1985 and 2005, 14 per cent of new HIV infections in Sweden (over 960 people) were the result of unsafe injecting drug use.[3] Although HIV rates in Sweden are generally low by international standards, the State Report notes that HIV infections are increasing, and that there is a "greater need for preventive efforts".[4] Despite the fact that injecting drug use also appears to be on the rise, Sweden is not addressing this risk behaviour as a driver of the HIV epidemic within the country.

People who inject drugs represent 57 per cent of all hepatitis C infections in Sweden,[5] a very significant proportion. In 2006, there were 1,127 new cases of hepatitis C among injecting drug users in Sweden.[6] The Swedish Institute for Infectious Disease Control estimates that 95 per cent of people who inject drugs in Sweden will be hepatitis C positive within two years after initiating injecting.

Hepatitis C is more common and more infectious than HIV, and is largely spread via the sharing of injecting equipment. Nearly 54,000 deaths worldwide are directly attributed to hepatitis C each year, and a further 308,000 are likely caused by hepatitis C related liver cancer. The virus is also likely related to some of the 785,000 global deaths annually due to cirrhosis of the liver.[7]

The overwhelming international consensus, based on two decades of scientific research, is that comprehensive harm reduction measures can drastically reduce the transmission of HIV and other blood-borne viruses.[8] Harm reduction has been adopted in the policies of UNAIDS, the World Health Organization (WHO) and UN Office on Drugs and Crime (UNODC).[9] The Committee on Economic, Social and Cultural Rights, in its 2006 Concluding Observations on Tajikistan, also noted the importance

of harm reduction in reducing HIV transmission among people who inject drugs, and recommended that such programmes be rolled out across that country.[10]

Nonetheless, Sweden's scale up of harm reduction programmes such as needle exchange and substitution treatment lags far behind what is necessary in order to respect, protect and fulfil the right to health of people who use drugs. Rather, the State party adopts stringent law enforcement measures, such as harsh prison sentences and coercive treatment, which further reinforce the health vulnerabilities of this already marginalised group.

The failure of Swedish public health policy to make harm reduction programmes readily accessible means that the State party is not meeting its Article 12 obligations for a significant and vulnerable population.

Needle exchange and the right to health

Despite the scientific and medical evidence of the effectiveness of needle exchange programmes in preventing the spread of blood-borne viruses among people who inject drugs, and despite the recent finding of the Special Rapporteur on the Right to Health that such programmes enhance the realisation of this right, access to sterile injecting equipment in Sweden is very poor.

Sweden is among the countries that committed to meeting the targets agreed in Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia in 2004. Action 9 of the Declaration commits governments to achieving 80% coverage of "prevention programmes providing access to information, services and prevention commodities" among "the persons at the highest risk of and most vulnerable to HIV/AIDS" by the year 2010. As the Preamble of the Declaration includes injecting drug users among these most vulnerable populations, governments – including that of Sweden – are committed to achieving an 80% scale up of HIV prevention measures in prisons by 2010. However, present coverage of harm reduction measures in the State party falls well below that threshold.

There are only two needle exchange programmes in Sweden, one in Malmö and another in Lund, both run on an "experimental" basis over the last twenty years. These programmes provide services for approximately 1,200 people who inject drugs, approximately 5% of the total injecting population, a figure far short of the 80% commitment in the Dublin Declaration. Provision of clean needles through the state run pharmacies "Apoteket" (there are no private pharmacies in Sweden) is not permitted without prescription. Experience has shown that doctors will not prescribe syringes for people who inject drugs.

The two needle exchange programmes have been extremely successful in preventing the spread of HIV infection among people who inject drugs. Between 2001 and 2006, no new HIV infections were reported among those people accessing the service.[11] This outcome is consistent with international experience and research carried out by WHO and UNAIDS on the effectiveness of needle exchange programmes in reducing HIV transmission among people who inject drugs.[12]

In light of the success of these programmes, Sweden introduced a new law in 2006 allowing for needle exchanges to be expanded.[13] This legislation, however, is flawed in significant ways. It places unnecessary and overly restrictive conditions on the provision of this service, thereby rendering the legislation all but meaningless, and undermining the realisation of the right to health of people who use drugs. For example,

- Provision of needle exchange services is entirely at the discretion of local government. This weakness has already dealt a significant blow to HIV prevention in Sweden. Both the Prime Minister's Office and the county council for Stockholm have come out against needle exchange. This means that needle and syringe exchange will remain unavailable to people who inject

drugs in Stockholm, the city with the largest injecting population in the country. There were twenty-four new cases of HIV among injecting drug users in Stockholm in the first half of 2007, compared with zero in Skåne, where the needle exchange programmes operate.[14]. Professor Paul Hunt stated in his report that harm reduction was too important a human rights issue to be left to local government. Rather it was an obligation of the State.[15] The situation in Stockholm illustrates this concern.

- Persons under the age of twenty are not permitted to access needle exchange. Young people under twenty are therefore arbitrarily excluded from services based solely on their age. In 1998, there were an estimated 720 injecting drug users under age twenty in Sweden,[16] and it is widely recognised that this figure is higher today, although no studies have been undertaken.
- Non-governmental organisations are not permitted to provide needle exchange services. NGOs are often the best placed to work with hard to reach communities, and there is considerable international evidence of successful needle exchanges being run by NGOs.
- A needle or syringe must be returned before a new one is given out. The primary aim of needle exchange is to ensure that sterile syringes are available. Whilst the return of used needles should be strongly encouraged within needle exchange programmes, a lack of return should not prevent clean equipment being distributed.

For further illustration of the shortcomings of Sweden's law on needle exchange, we enclose a policy brief on needle exchange from the WHO and model legislation on needle exchange drafted by the Canadian HIV/AIDS Legal Network (www.aidslaw.ca).

Law enforcement vs. healthcare

Sweden follows a strict law enforcement approach to drug use, rather than the health-based approach utilised in many other countries.[17] Harsh sentences are imposed, including penalties for drug use itself. Indeed, Sweden is one of the few countries in the world to impose prison sentences for the use (rather than the possession) of drugs. Coercive testing and treatment are also utilised.

It has been found by Sweden's own National Council for Crime Prevention that "based on available information on trends in drug misuse there are no clear indications that criminalisation and an increased severity of punishment has had a deterrent effect on the drug habits of young people or that new recruitment to drug misuse has been halted".[18] As noted above, the number of people injecting drugs in Sweden has continued to grow despite the country's harsh law enforcement responses.

Evidence from other parts of the world has shown that harsh criminal sanctions are counter-productive to HIV prevention efforts among injecting drug users, as they are less likely to engage with the relevant health programmes for fear of identifying themselves.[19]

Harm reduction and the right to health of people in prison

Prisoners, like all persons, are entitled to enjoy the highest attainable standard of health, a right that has been affirmed by the Committee in *General Comment no. 14*.[20] However, the State party is failing to meet its obligation in this regard in the case of prisoners who inject drugs by denying access to harm reduction measures, thus placing people in prison at increased risk of HIV and hepatitis C infection via sharing injecting equipment while incarcerated.

A majority of persons admitted to prisons in Sweden each year are not only drug users, but are also regular users of injecting drugs. According to the Swedish Government's 2005 report to the European Monitoring Centre on Drugs and Drug Addiction, over 6,000 people who use drugs are sent to prison each year.[21] The Government states that "just above 50% of all new inmates have a drug problem"[22] and approximately half of the 4,100 people in custody on any given day have a "drug problem".[23]

Research over the past ten years has consistently shown that half or more of all people entering prisons in Sweden were "us[ing] drugs intravenously on a daily (or almost daily) basis within the last 12 months before prison."[24]

The Government provides neither needle exchange programmes nor substitution treatment (such as methadone) in prisons, despite the fact that such interventions in prisons are supported and recognised as best practice by both the United Nations and the World Health Organization.[25] Swedish prison policy includes stopping methadone treatment upon incarceration for patients successfully engaged in a methadone programme in the community,[26] thereby increasing the vulnerability of such persons to re-initiating injecting opiates while in prison.

The failure to provide effective harm reduction measures to prevent the transmission of HIV and hepatitis C among imprisoned injecting drug users continues despite the Government's admission "that prisons can seldom be 100 percent drug-free",[27] the existing evidence of drug use within Swedish prisons,[28] and the fact that drug-free options are not available in sufficient quantity to meet the needs of all people who use drugs in the Swedish prison system.[29]

The right to non-discrimination (Article 2)

In Sweden, people who use drugs face discrimination at many levels as a consequence of their drug use. For example, morphine is not administered as a pain management medication for people who use drugs. Women facing domestic violence are denied shelter if they have "severe alcohol or drug problems", a policy criticised by the Special Rapporteur on Violence against Women on her recent visit to Sweden.[30] People who use drugs may also be denied social assistance and rental supplements.

Discrimination also affects the realisation of the right to health of people who use drugs. According to the Swedish Health and Medical Services Act 1982, "Health and medical services are aimed at assuring the entire population of good health and of care on equal terms. Care shall be provided with due respect for the equal worth of all people and the dignity of the individual".[31] This principle is reiterated in the State Report,[32] but clearly not applied in the context of drug use, with law enforcement taking precedence over healthcare.

While it is essential to avoid actively discriminating against particular groups, there is also a further positive element to the right to non-discrimination, which has been consistently noted by UN human rights treaty bodies, in particular the Committee on the Rights of the Child.[33] This positive element requires the State party to identify those groups and individuals in need of extra assistance to ensure their rights are respected, protected and fulfilled. People who use drugs fall into this category, yet the State party is failing to meet the requirement to identify this vulnerable group and then take measures to ensure their rights are protected. A recent WHO Europe study found, for example, that there was no information available in Sweden on the number of HIV positive people who inject drugs accessing anti-retroviral treatment (ART) in either 2002 or 2004.[34]

Action 21 of the Dublin Declaration commits States, including Sweden, to "provide universal access to effective, affordable and equitable prevention, treatment and care including safe anti-retroviral treatment to people living with HIV/AIDS in the countries in our region where access to such treatment is currently less than universal…The goal of providing effective anti-retroviral treatment must be conducted in a poverty-focused manner, equitable, and to those people who are at the highest risk of and most vulnerable to HIV/AIDS". Again, this action suggests the need for concerted effort to scale-up prevention and treatment, including anti-retroviral treatment, to the most vulnerable populations, of which injecting drug users are included.

The Swedish Government is failing to respect, protect and fulfil the rights of this marginalised group to the highest attainable standard of health and their right to non-discrimination by the current policies which prioritise drug enforcement measure over health services.

IV. Recommendations

To the Committee on Economic, Social and Cultural Rights

List of Issues

In light of the absence of any information on drug use in the Swedish Government's report, we recommend that the Committee include in the List of Issues requests for information relating to:

- The number of "problem drug users" in Sweden, disaggregated by age, ethnicity, gender, etc.
- The number of those that are injecting drug users
- The proportion of the injecting drug using population covered by harm reduction services (Disaggregated by type of service – needle exchange, substitution treatment, etc.)
- The number of injecting drug users living with HIV (Disaggregated and as a percentage of overall HIV figures)
- The number of injecting drug users living with HIV who are accessing anti-retroviral treatment (ART) (Disaggregated and as a percentage of overall ART figures)
- Expenditure on HIV prevention for injecting drug users as a percentage of overall HIV prevention spending over the last 5 years
- The number of injecting drug users who are living with hepatitis C (Disaggregated)
- The number of injecting drug users living with hepatitis C who are receiving and/or who have completed treatment for the virus (Disaggregated and as a percentage of overall hepatitis C treatment)
- The number of people incarcerated for drug use (Disaggregated)
- The mortality rate for injecting drug use (Disaggregated by cause)

We recommend also that questions be raised in the List of Issues relating to current drug policy:

- Needle exchange legislation: Were examples of best practice from agencies such as UNAIDS and WHO, or from other countries, examined in the preparation of the legislation? Were people who use drugs or NGOs consulted as part of the process?
- Harsh sentences for drug offences: Please provide evidence of the effectiveness of harsh sentences in reducing drug use and drug related harms

Concluding Observations

The Committee should reinforce the findings of the Special Rapporteur on the Right to Health and recommend that Sweden adopt comprehensive harm reduction measures throughout the country as an essential element of the State party's obligations under Article 12. This should develop and expand upon the Committee's 2006 Concluding Observation on Tajikistan in which it recommended that the Tajik government "establish time-bound targets for extending the provision of free testing services, free treatment for HIV and harm reduction services to all parts of the country".[35]

A specific recommendation should be made to review the recently adopted law relating to needle exchange, and its impact on the right to health of people who inject drugs.

To the Government of Sweden

Comprehensive harm reduction programmes: The Government must take steps as a matter of priority to implement the recommendation of the Special Rapporteur on the Right to Health:

> The Special Rapporteur emphasizes that the Government has a responsibility to ensure the implementation, throughout Sweden and as a matter of priority, of a comprehensive harm-reduction policy, including counselling, advice on sexual and reproductive health, and clean needles and syringes.[36]

Review of the law relating to needle and syringe exchange: The Swedish government must amend its laws relating to needle and syringe exchange so that they reflect international best practice. Harm reduction must not be left to the discretion of local government.

Access to anti-retroviral treatment (ART): Sweden must ensure that every person living with HIV in the country has access to ART, including people who use drugs.

Hepatitis C prevention and treatment: Sweden must take urgent measures to address hepatitis C infections among people who inject drugs. Treatments such as Interferon must be made available to those already living with hepatitis C, and harm reduction services must be adequately equipped for hepatitis C prevention (e.g. cookers, razors for shaving, safe tattooing equipment in prisons, etc.)

Review of criminal law relating to drug use: The Swedish Government should revise the criminal law relating to drug use, as harsh sentences are known to drive people who use drugs away from harm reduction and treatment programmes. In many cases the Swedish laws far exceed what is required by the UN drug control conventions

Harm reduction in prisons: Harm reduction programmes, including needle exchange and substitution treatment, must be implemented in prisons and other places of detention. Those accessing harm reduction services in the community must continue to receive those services if they become incarcerated.

Greater involvement of civil society, including people who use drugs, in the policy-making and programme design/implementation processes: NGOs, civil society organisations, people living with HIV and people who use drugs must be actively and meaningfully involved in the creation of public policy on HIV, hepatitis C and drug use, as well as in the design and implementation of health programmes.

In implementing the above actions, the Swedish Government should seek technical assistance from expert bodies including the World Health Organization, UNAIDS and the UN Office of Drugs and Crime.

V. Supplementary documentation

1. Extract from the report of the Special Rapporteur on the Right to Health following his mission to Sweden

This report highlights the Special Rapporteur's concern about the realisation of right to health of people who use drugs in Sweden, and recommends the implementation of comprehensive harm reduction programmes.

2. WHO, UNAIDS and UNODC policy brief on the provision of sterile injecting equipment to reduce the transmission of HIV

This joint policy briefing paper from WHO, UNAIDS and UNODC states that the provision of access to sterile injection equipment for people who inject drugs is an essential component of HIV prevention programming, based on conclusive evidence of its effectiveness in reducing HIV transmission amongst drug using populations. The paper outlines a series of recommendations, including the adoption of measures to increase the availability of sterile injecting equipment and the review and amendment of legislation related to drug dependence and drug paraphernalia, in order to promote the implementation of needle and syringe programmes.

3. R Lines "From equivalence of standards to equivalence of objectives: The entitlement of prisoners to healthcare standards higher than those outside prisons" (2006) 2 (4) *International Journal of Prisoner Health* 269-280

This article argues that the State owes a higher legal duty to protect the health and well being of the people it holds in detention than it does to people outside of prison, based upon the positive obligations imposed by the custodial relationship.

4. Model Legislation on Needle Exchange by the Canadian HIV/AIDS Legal Network

This paper provides guidance for legislators wishing to implement best practice legislation on needle exchange.

ENDNOTES

[1] 'Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt, Mission to Sweden' (28 February 2007) UN Doc No A/HRC/4/28/Add.2, para 60.
[2] ibid, para 62.
[3] United Nations Office on Drugs and Crime *Sweden's successful drug policy: A review of the evidence* (February 2006) 86.; See also M Donoghoe et al 'Access to highly active antiretroviral therapy (HAART) for injecting drug users in the WHO European Region, 2002–2004' (2007) 18 *International Journal of Drug Policy* 4, 275.
[4] Government of Sweden 'Fifth periodic report: Sweden' (6 September 2006) UN Doc No E/C.12/SWE/5, para 392.
[5] Swedish Institute for Infectious Disease Control 'Kartläggning av hepatit C-smitta bland blodtransfunderade' http://www.smittskyddsinstitutet.se/publikationer/smis-nyhetsbrev/epi-aktuellt/epi-aktuellt-2007/epi-aktuellt-vol-6-nr-19-20-10-maj-2007/#p10396 (date of last access 29 October 2007).
[6] Information received from the Swedish Institute for Infectious Disease Control (SMI) in preparation for this report.
[7] World Health Organization, Department of Measurement and Health Information (December 2004).
[8] See for example, A Wodak and A Cooney *Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users* (2004) World Health Organization.; D Burrows *High coverage sites: HIV prevention among injecting drug users in transitional and developing countries* (2006) UNAIDS Best Practice Collection.; Committee on the Prevention of HIV Infection among Injecting Drug Users in High-Risk Countries *Preventing HIV Infection among Injecting Drug Users in High Risk Countries: An Assessment of the Evidence* (2006) National Academy of Sciences.
[9] See supplementary documentation attached to this report: *WHO, UNAIDS and UNODC policy brief on the provision of sterile injecting equipment to reduce the transmission of HIV.*

[10] Committee on Economic, Social and Cultural Rights 'Concluding Observation of the Committee on Economic Social and Cultural Rights, Tajikistan' (24 November 2006) UN Doc No E/C.12/TJK/CO/1, para 70.
[11] Information received from the Malmö and Lund needle and syringe exchange programmes in preparation for this report.
[12] See note 8.
[13] Lag (2006:323) *om utbyte av sprutor och kanyler* (Legislation (2006:323) *on exchange of needles and cannulas*) http://www.riksdagen.se/webbnav/index.aspx?nid=3911&bet=2006:323 (date of last access 29 October 2007).
[14] Swedish Institute for Infectious Disease Control http://www.smittskyddsinstitutet.se/statistik/hivinfektion/?t=com&p=10632 (date of last access 30 October 2007).
[15] 'Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health' (note 1), para 62.
[16] Centralförbundet för alkohol- och narkotikaupplysning 'Nr 61. Det tunga narkotikamissbrukets omfattning i Sverige 1998' MAX-projektet http://www.can.se/sa/node.asp?node=%202018 (date of last access 29 October 2007).
[17] See generally, United Nations Office on Drugs and Crime (note 3).
[18] ibid, 16.
[19] See for example, TM Hammett et al 'Law enforcement influences on HIV prevention for injection drug users: Observations from a cross-border project in China and Vietnam' (2005) 16 *International Journal of Drug Policy* 235—245.; SR Friedman et al 'Relationships of deterrence and law enforcement to drug-related harms among drug injectors in US metropolitan areas' (2006) 20 *AIDS* 93—99.; T Kerr et al 'The public health and social impacts of drug market enforcement: A review of the evidence' (2005) 16 *International Journal of Drug Policy* 210—220.
[20] Committee on Economic Social and Cultural Rights 'General Comment No. 14: The right to the highest attainable standard of health' (11 August 2000) UN Doc No E/C.12/2000/4, para 34. Indeed, it has been argued that States owe a high duty of care to persons in detention than they do to those not in custody. See R Lines 'From equivalence of standards to equivalence of objectives: The entitlement of prisoners to health care standards higher than those outside prisons' (2006) 2 (4) *International Journal of Prisoner Health* 269—280.
[21] 'Sweden: New Development, Trends and in-depth information on selected issues – 2005 National Report (2004 data) to the EMCDDA by the Reitox National Focal Point' (2005) European Monitoring Centre on Drugs and Drug Addiction, 21.
[22] 'The Drug Situation in Sweden 2002 – National Report to the EMCDDA' (2003) European Monitoring Centre on Drugs and Drug Addiction, 66.
[23] "On a certain day, October 1, 2002, 943 persons were involved in drug-abuse treatment. That represented 43% of all prisoners with a drug problem." ibid, 65.
[24] European Monitoring Centre on Drugs and Drug Addiction *Annual Report 2006 – Statistical Annex: Table DUP-05. Prevalence (percentage) of drug use among prisoners in EU member states, candidate countries and Norway - full listing of studies* (2006) 12 http://stats06.emcdda.europa.eu/en/page019-en.html (date of last access 29 October 2007).
[25] See for example, United Nations Office on Drugs and Crime, World Health Organization & UNAIDS *HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response* (2006).
[26] 'The Drug Situation in Sweden 2002' (note 22), 67.
[27] ibid, 66.
[28] European Monitoring Centre on Drugs and Drug (note 24).
[29] Sweden's 2002 report to the European Monitoring Centre on Drugs and Drug Addiction states that "On a certain day, October 1, 2002, 943 persons were involved in drug-abuse treatment. That represented 43% of all prisoners with a drug problem." The report states that there are "1 285 places reserved for drug abusers" in the entire prison system. 'The Drug Situation in Sweden 2002' (note 22), 65—66.
[30] 'Report of the Special Rapporteur on violence against women, its causes and consequences, Yakin Ertürk, Mission to Sweden' (6 February 2007) UN Doc No A/HRC/4/34/Add.3, para 62.
[31] *The Health and Medical Services Act (as amended)* Section 2 (Lag 1982:763) http://www.sweden.gov.se/content/1/c6/02/31/25/a7ea8ee1.pdf (date of last access 29 October 2007).
[32] Government of Sweden (note 4), para 408.
[33] Committee on the Rights of the Child 'General Comment no. 5 General Measures of Implementation' (27 November 2003) UN Doc No CRC/GC/2003/5, 4.
[34] Donoghoe et al (note 3), 275
[35] Committee on Economic, Social and Cultural Rights (note 10), para 70.
[36] 'Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt, Mission to Sweden' (note 1), para 62.